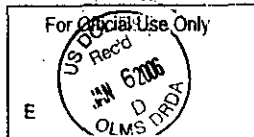


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10985</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>29</u> / <u>2005</u>
3. Name and address of person filing. Name <u>CHRISTINA</u> <u>B</u> <u>SMITH</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4105 SANDY BLUFF DR W</u> City <u>GULF BREEZE</u> State <u>Florida</u> ZIP Code + 4 <u>32563</u>	4. Name, file number, and address of labor organization. Name <u>CWA 3109</u> Labor Organization File Number <u>023-116</u> P.O. Box, Building and Room Number, if any _____ Street <u>1621 ATWOOD DR</u> City <u>PENSACOLA</u> State <u>Florida</u> ZIP Code + 4 <u>32504</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.											
6. Name and address of Employer (including trade name, if any). Name <u>BELLSOUTH ADVERTISING & PUBLISHING CO</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 1800</u> Street <u>2114 AIRPORT BLVD</u> City <u>PENSACOLA</u> State <u>Florida</u> ZIP Code + 4 <u>32504</u>	7.a. Nature of Interest, Transaction, or Income. <table border="1"><tr><td>01-28-05 STATE STEERING MTG PARTNRSHP MAITLND FL</td><td></td></tr><tr><td>MILEAGE REIMBURSEMENT</td><td>371.80</td></tr><tr><td>PER DIEM</td><td>92.00</td></tr><tr><td>LODGING</td><td>200.93</td></tr><tr><td>PARKING</td><td>6.00</td></tr></table> 7.b. Amount. <div style="border: 1px solid black; width: 150px; text-align: right; padding: 5px;">\$671</div>	01-28-05 STATE STEERING MTG PARTNRSHP MAITLND FL		MILEAGE REIMBURSEMENT	371.80	PER DIEM	92.00	LODGING	200.93	PARKING	6.00
01-28-05 STATE STEERING MTG PARTNRSHP MAITLND FL											
MILEAGE REIMBURSEMENT	371.80										
PER DIEM	92.00										
LODGING	200.93										
PARKING	6.00										

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Christina B. Smith

On

12/30/2005
Date

850 478-3109

Telephone Number

Name of Person Filing CHRISTINA SMITH

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name BellSouth Directory Advertising

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1800

Street 2114 Airport Blvd

City PENSACOLA

State Florida

ZIP Code + 4 32504

7.a. Nature of Interest, Transaction, or Income.

02-16&17-05 BAPCO/CWA DIALOGUE MTG PEMBROKE PINES
FL
MILEAGE REIMBURSEMENT 556.48
HOTEL DIRECT BILLED
PER DIEM 88.00

7.b. Amount.

\$644

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name BAPCO ADVERTISING & PUBLISHING CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1800

Street 2114 Airport Blvd

City PENSACOLA

State Florida

ZIP Code + 4 32504

7.a. Nature of Interest, Transaction, or Income.

04-20-05 STATE STEERING MEETING PARTNRSH IN
MAITLAND FL
MILEAGE REIMBURSEMENT 371.80
PER DIEM 68.00
LODGING 361.80

7.b. Amount.

\$658

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name BAPCO ADVERTISING & PUBLISHING CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 1800

Street 2114 AIRPORT BLVD

City PENSACOLA

State Florida

ZIP Code + 4 32504

7.a. Nature of Interest, Transaction, or Income.

04-29-05 BAPCO/CWA CCI MEETING TUCKER GA
MILEAGE REIMBURSEMENT 285.94
LODGING 89.71
PER DIEM 55.00

7.b. Amount.

\$431

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name BAPCO ADVERTISING & PUBLISHING CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1800

Street 2114 Airport Blvd

City PENSACOLA

State Florida ZIP Code + 4 32504

7.a. Nature of Interest, Transaction, or Income.

06-28005 BAPCO/CWA CCI MEETING IN TUCKER GA
MILEAGE REIMBURSEMENT 285.94
LODGING REIMBURSEMENT 89.71
PER DIEM 50.00

7.b. Amount.

\$427

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.